

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONERIN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIADONALD R. CONKLIN IV

Full Name of Plaintiff

Inmate Number
23-0384

v.

JOHN DOE

Name of Defendant 1

CARBON COUNTY CORRECTIONAL FACILITY

Name of Defendant 2

N/A

Name of Defendant 3

N/A

Name of Defendant 4

N/A

Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section.)

FILED
SCRANTON

FEB 01 2024

PER DT
DEPUTY CLERK

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)

Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)

Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

CONKLIN, DONALD R.

Name (Last, First, MI)

23-0384

Inmate Number

CARBON COUNTY CORRECTIONAL FACILITY

Place of Confinement

331 BROAD STREET

Address

NESQUEHONING, CARBON COUNTY, PA 18240

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

Pretrial detainee
 Civilly committed detainee
 Immigration detainee
 Convicted and sentenced state prisoner
 Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

JOHN DOE

Name (Last, First)

N/A

Current Job Title

N/A

Current Work Address

N/A

City, County, State, Zip Code

Defendant 2:

CARBON COUNTY CORRECTIONAL FACILITY

Name (Last, First)

N/A

Current Job Title

331 BROAD STREET

Current Work Address

NESQUEHONING, PA 18240 (CARBON COUNTY)

City, County, State, Zip Code

Defendant 3:

N/A

Name (Last, First)

N/A

Current Job Title

N/A

Current Work Address

N/A

City, County, State, Zip Code

Defendant 4:

N/A

Name (Last, First)

N/A

Current Job Title

N/A

Current Work Address

N/A

City, County, State, Zip Code

Defendant 5:

N/A

Name (Last, First)

N/A

Current Job Title

N/A

Current Work Address

N/A

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

BETWEEN THE DATES OF MAY 20TH, 2023 - JUNE 15TH, 2023 AND JULY 31ST, 2023 - AUGUST 16TH, 2023 AND OCTOBER 12TH, 2023 - NOVEMBER 1ST, 2023 IN CARBON COUNTY CORRECTIONAL FACILITY'S RESTRICTED HOUSING UNIT.

B. On what date did the events giving rise to your claim(s) occur?

MAY 20TH, 2023 - JUNE 15TH, 2023 AND JULY 31ST, 2023 - AUGUST 16TH, 2023 AND OCTOBER 12TH, 2023 - NOVEMBER 1ST, 2023.

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

I WAS FORCED TO WEAR HANDCUFFS AND SHACKLES DURING MY EXERCISE PERIOD. I WAS DENIED DUE PROCESS AND PUNISHED, BY LOSS OF PRIVILEGES, FOR AN ALLEGED MISCONDUCT PRIOR TO A FAIR HEARING AND/OR BEING FOUND GUILTY. I DO NOT KNOW WHO OR WHAT IS RESPONSIBLE FOR CAUSING THESE VIOLATIONS OF MY CIVIL RIGHTS SINCE PRISON OFFICIALS ARE TELLING ME IT IS PRISON POLICY FOR THINGS TO GO THE WAY THEY DID. I'M SURE OTHER INMATE(S) HAVE BEEN MADE SUBJECT TO SIMILAR VIOLATIONS BUT I AM NOT KNOWLEDGEABLE AS TO SPECIFICALLY WHO OR HOW.

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

1) I BELIEVE MY EIGHTH AMENDMENT CONSTITUTIONAL RIGHT TO FREEDOM FROM CRUEL AND UNUSUAL PUNISHMENT WAS VIOLATED BY THE PRISON'S POLICY WHICH PREVENTED ME FROM SAFELY AND PRACTICALLY UTILIZING MY EXERCISE PERIOD.

2) I BELIEVE MY FOURTEENTH AMENDMENT CONSTITUTIONAL RIGHT TO DUE PROCESS OF LAW WAS VIOLATED WHEN I WAS DENIED MY PRIVILEGE TO USE THE TELEPHONE AS A RESULT OF A MISCONDUCT REPORT BEING FILED AGAINST ME BEFORE I WAS FOUND GUILTY OF ANY ALLEGED MISCONDUCT. THIS EXTENDS TO OTHER PRIVILEGES SUCH AS WATCHING TELEVISION AND INTERACTING WITH OTHER GENERAL POPULATION INMATES.

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

I LOST MUSCLE MASS AND GAINED FAT. I LOST CONTACT WITH LOVED ONES AND OTHER PRISON-LIFE LIBERTIES.

VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

I AM SEEKING MONETARY RELIEF AND AN ORDER TO ALLOW ALL INMATES IN CARBON COUNTY CORRECTIONAL FACILITY A SAFE AND PRACTICAL MEANS TO EXERCISE ON A REGULAR BASIS. ALSO AN ORDER WHICH ALLOWS INMATES TO ACCESS GENERAL POPULATION PRIVILEGES IN THE PERIOD AFTER A MISCONDUCT REPORT IS FILED AGAINST THEM AND PRIOR TO BEING FOUND GUILTY.

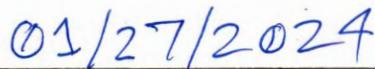
VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.



Signature of Plaintiff



Date

DONALD CONKLIN
CARBON COUNTY CORRECTIONAL FACILITY
331 BROAD STREET
NESQUEHONING, PA 18240-1801



RECEIVED
SCRANTON

FEB 01 2024

PER

DEPUTY CLERK

LEHIGH VALLEY PA

30 JAN 2024 PM 4



OFFICE OF THE CLERK
UNITED STATES DISTRICT COURT
235 N. WASHINGTON AVENUE
P.O. Box 1148
SCRANTON, PA 18501

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